

# **Medical Assistance Provider Incentive Repository (MAPIR): Part 2C – Program Updates for 2019 Attestation for Eligible Professionals**

**Version:** 1.0

**Original Version Date:** 05/24/2019

**Last Revision Date:** 05/24/2019

# Revision Log:

## MAPIR User Guide for Eligible Professionals– Part 2C

Version	Revision Date	Revision
V1.0	05/24/2019	<ul style="list-style-type: none"> <li>Initial version.</li> <li>Updated section “Introduction”.</li> <li>Updated section “Step – Attestation” and subsection “Meaningful Use Phase”.</li> <li>Updated section “Stage 3 MU” and subsections: <ul style="list-style-type: none"> <li>Meaningful Use Objectives</li> <li>Objective 1 – Protect Patient Health Information</li> </ul> </li> <li>Updated section “Stage 3 Required Public Health Objective (8)” and subsections: <ul style="list-style-type: none"> <li>Required Public Health List Table</li> <li>Required Public Health Objectives Navigation Panel</li> <li>Objective 8 Option 1 – Immunization Registry Reporting</li> <li>Objective 8 Option 2 – Syndromic Surveillance Reporting</li> <li>Objective 8 Option 3 – Electronic Case Reporting</li> <li>Objective 8 Option 4A – Public Health Registry Reporting</li> <li>Objective 8 Option 4B – Public Health Registry Reporting</li> <li>Objective 8 Option 5A – Clinical Data Registry Reporting</li> <li>Objective 8 Option 5B – Clinical Data Registry Reporting</li> </ul> </li> <li>Updated section “Clinical Quality Measures (CQMs) – Stage 3” and subsections: <ul style="list-style-type: none"> <li>Manual Clinical Quality Measures</li> <li>Meaningful Use Clinical Quality Measure Worklist</li> <li>Attestation MU Clinical Quality Measure Navigation Panel</li> </ul> </li> <li>Updated section “Meaningful Use Measures Summary”.</li> <li>Finalized version.</li> </ul>

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## Introduction

MAPIR Release Version 6.2 is configured by default to require 90 days of Meaningful Use attestation for Program Years 2019 and higher.

Any incentive applications that were started prior to the installation of MAPIR Release Version 6.2 for a specific state will follow the processing logic that was in effect for the version of MAPIR that you are currently running.

With the implementation of Version 6.0, MAPIR benefited from a revised navigational approach for attestation. MAPIR Release Version 6.1 expands this approach to Stage 3 Objectives for Program Year 2018 incentive applications, and Modified Stage 2 and Stage 3 CQMs for 2018. Incentive applications started in Program Year 2019 or higher require attestation to Stage 3 Meaningful Use.

Use the selection process for determining the CQMs and Public Health Options that you are attesting to with the navigational approach. Once the selections are made, the navigational flow will display the first choice made in the selection process. The left margin will display all selected Public Health options or CQMs (as applicable) in a list and you will be free to navigate between options or CQMs. When you complete the option or CQM by selecting the Save and Continue button, MAPIR will progress to the next option or CQM that has not been saved. When the last option/CQM is saved, MAPIR will automatically return to the selection list.

Meaningful Use Objectives have no selection screen and you must complete all Objectives. Once you select the **Begin** button on the Splash Page for Meaningful Use Objectives screen, MAPIR will display the objectives with the navigation approach.

## Related MAPIR Documentation

To review getting started with MAPIR please see the MAPIR User Guide for EP Part 1.

To review application submission and review, see MAPIR User Guide for EP Part 3.

To review the MAPIR Review tab to Application Submission, see MAPIR User Guide for EP Part 4.

## Step 5 – Attestation

This section will ask you to provide information about your *EHR System Attestation Phase*. The Attestation phase for 2019 is *Meaningful Use*.

This initial Attestation screen provides information about this section.

### Note

The Adoption, Implementation, and Upgrade phases are not available in 2017 or higher.

Click **Begin** to continue to the Attestation section.

## Meaningful Use Phase

Select an EHR System Attestation phase for reporting *Meaningful Use of Certified EHR Technology*. The selections available to you will depend on the CEHRT ID entered.

MAPIR will display the applicable stage options available unless a default has been set.

The default for Program Year 2019 is set to Meaningful Use (90 days).

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

The Attestation EHR Reporting Period (Part 1 of 3) screen will display the 90-day period and the full year period. For Program Year 2017 or higher incentive applications, the default EHR Reporting Period will be a continuous 90-day period.

#### Note

The Attestation EHR Reporting Period for Program Year 2016 and before will display the 90-day period or the full year period, depending on the selection made on the previous screen.

Enter a *Start Date* or use the calendar located to the right of the **Start Date** field.

Click **Save & Continue** to review your selection or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

**Name**  
**Personal TIN/SSN**  
**Payment Year**

**Applicant NPI**  
**Payee TIN**  
**Program Year**

**Get Started** **R&A/Contact Info** **Eligibility** **Patient Volumes** **Attestation** **Review** **Submit**

**Attestation EHR Reporting Period (Part 1 of 3)**

Please enter the **Start Date** of the EHR Reporting Period. The EHR Reporting Period is any continuous 90-day period within a payment year in which an Eligible Professional demonstrates meaningful use of certified EHR technology.

**Note:** The end date of the continuous 90-day period will be calculated based on the start date entered.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.  
Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

\***Start Date:** 01/01/2019   
mm/dd/yyyy

**Previous** **Reset** **Save & Continue**

A system calculated end date of 90 days will be generated from your chosen **Start Date**.

Review your selection's **Start Date** and **End Date**. Click **Save & Continue** to continue to the Attestation Meaningful Use Objectives screen or click **Previous** to go back.

Name

Applicant NPI

Personal TIN/SSN

Payee TIN

Payment Year

Program Year

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒

Attestation ☐

Review

Submit ☐

Attestation EHR Reporting Period (Part 1 of 3)

Please confirm that the dates displayed below represent the EHR reporting period for the payment year where the Eligible Professional demonstrates meaningful use of certified EHR technology.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.

Start Date: Jan 01, 2019

End Date: Mar 31, 2019

Previous

Save & Continue



## Meaningful Use – Objectives and Measures

The screen on the following page displays the Measures Topic List. The Attestation Meaningful Use Objectives are divided into three distinct topics: General Requirements, Meaningful Use Objectives, and the Required Public Health Objective. The Clinical Quality Measures are available as either Manual Clinical Quality Measures or Electronic Clinical Quality Measures.

You may complete any of the four topics in any order.

While it is not required that you begin each topic in the order shown on the screen, this user guide will follow the order in which the topics are listed.

Click **Begin** to start a topic.

### Note

Stage 3 and higher Attestation Objectives and Measures include a Navigational Panel as shown on the [Attestation Meaningful Use Objectives Navigation Panel](#) section of this user manual.

**Name**  
**Personal TIN/SSN**  
**Payment Year**

**Applicant NPI**  
**Payee TIN**  
**Program Year**

Get Started R&A/Contact Info ☒ Eligibility ☒ Patient Volumes ☒ **Attestation** ☒ Review Submit ☐

### Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

**Please Note:** Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
	General Requirements		<b>Begin</b>
	Meaningful Use Objectives (0-7)		Begin
	Required Public Health Objective (8)		Begin
	Manual Clinical Quality Measures		Select
	Electronic Clinical Quality Measures		Select

**Note:**  
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous Save & Continue

Figure 0-1: Stage 3 Measures Topic List

## Meaningful Use General Requirements

Enter information in all required fields.

The denominator entered must be greater than or equal to the numerator entered. The numerator and denominator entries must be positive whole numbers.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name  
Personal TIN/SSN  
Payment Year

Applicant NPI  
Payee TIN  
Program Year

Get Started
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Eligibility
Patient Volumes
Attestation
Review
Submit

### Meaningful Use General Requirements

Please answer the following questions to determine your eligibility for the Medicaid EHR Incentive Program.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

\* Please demonstrate that at least 50% of all your encounters occur in a location(s) where Certified EHR Technology is being utilized.

\* Numerator:
Denominator:

\* Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period.

\* Numerator:
Denominator:

Previous
Reset
Save & Continue

If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.

**Name**  
**Personal TIN/SSN**  
**Payment Year**

**Applicant NPI**  
**Payee TIN**  
**Program Year**

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

**Attestation Meaningful Use Objectives**

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

**Please Note:** Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	<div style="display: flex; justify-content: center; gap: 5px;"> <div>EDIT</div> <div>Clear All</div> </div>
	Meaningful Use Objectives (0-7)		<div>Begin</div>
	Required Public Health Objective (8)		<div>Begin</div>
	Manual Clinical Quality Measures		<div>Select</div>
	Electronic Clinical Quality Measures		<div>Select</div>

**Note:**  
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous

Save & Continue

## Stage 3 MU

The screen below displays the Measures Topic List. The Attestation Meaningful Use Objectives are divided into three distinct topics: Meaningful Use Objectives (0-7), Required Public Health Objective (8), Manual Clinical Quality Measures or Electronic Clinical Quality Measures.

You may select any of the three topics and complete them in any order. All three topics must be completed.

If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.

**Name**  
**Personal TIN/SSN**  
**Payment Year**

**Applicant NPI**  
**Payee TIN**  
**Program Year**

Get Started
R&A/Contact Info 
Eligibility 
Patient Volumes 
Attestation 
Review
Submit

**Attestation Meaningful Use Objectives**

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

**Please Note:** Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
	General Requirements	2/2	<div>EDIT</div> <div>Clear All</div>
	Meaningful Use Objectives (0-7)		<div>Begin</div>
	Required Public Health Objective (8)		<div>Begin</div>
	Manual Clinical Quality Measures		<div>Select</div>
	Electronic Clinical Quality Measures		<div>Select</div>

**Note:**  
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous

Save & Continue

## Meaningful Use Objectives

This screen provides information about the Meaningful Use Objectives for Stage 3 MU.

Click **Begin** to continue to the Attestation Meaningful Use Objectives Navigation Panel.

Name		Applicant NPI	
Personal TIN/SSN		Payee TIN	
Payment Year		Program Year	
Get Started	R&A/Contact Info <input checked="" type="checkbox"/>	Eligibility <input checked="" type="checkbox"/>	Patent Volumes <input checked="" type="checkbox"/>
Attestation <input type="checkbox"/>		Review	Submit <input type="checkbox"/>
<div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 30px; display: inline-block; margin: 10px;">                         Begin                     </div>			

## Attestation Meaningful Use Objectives Navigation Panel

The following screen displays the Attestation Meaningful Use Objectives Navigation Panel.

Incomplete Objectives display without a checkmark and are listed in ascending order.

Select the hyperlinks on the left side of the Navigation Panel to display an associated Objective screen on the right side of the Navigation Panel.

A checkmark will display beside each completed Objective.

When all required fields have been entered for an Objective, Click the **Save & Continue** button to navigate to the next incomplete objective.

Successfully complete all the Meaningful Use Objectives and click the **Save & Continue** button to navigate to the Measures Topic List displayed on page 12 of this manual.

Click **Clear All Entries** and select **OK** on the warning pop-up, to remove all previously saved data for the selected Objective, or **Cancel**, to continue working.

Click **Return to Main** to navigate to the Measures Topic List displayed on page 12 of this manual.

The screenshot shows the 'Attestation Meaningful Use Objectives' navigation panel. At the top, there are fields for 'Name', 'Personal TIN/SSN', 'Payment Year', 'Applicant NPI', 'Payee TIN', and 'Program Year'. Below these are tabs for 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The 'Attestation' tab is selected. On the left, a list of objectives is shown: Objective 0 (no checkmark), Objective 1 (checkmark), Objective 2 (checkmark), Objective 3 (checkmark), Objective 4 (checkmark), Objective 5 (checkmark), Objective 6 (checkmark), and Objective 7 (checkmark). The main area displays 'Objective 1 - Protect Patient Health Information'. It includes a link to review CMS Guidelines, a 'Save & Continue' button, and a 'Return to Main' button. A red asterisk indicates a required field.

### Note

The Navigation Panel requires JavaScript to be enabled for your web browser. If JavaScript is disabled, the following message will display "It appears that JavaScript is disabled in your browser or not supported. Certain supplemental features in MAPIR require JavaScript. These features include optional Calendar controls, warnings of session expiration, confirmation before clearing certain measures, and confirmation of saving changes on Exit."

## Objective 0 – ONC Questions

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 12 of this manual.

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Personal TIN/SSN  
Payment Year

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Payee TIN  
Program Year

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Submit

### Attestation Meaningful Use Objectives

Objective 0 ✓  
Objective 1 ✓  
Objective 2 ✓  
Objective 3 ✓  
Objective 4 ✓  
Objective 5 ✓  
Objective 6 ✓  
Objective 7 ✓

#### Objective 0 – ONC Questions

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(\*) Red asterisk indicates a required field.

**Activities related to supporting providers with the performance of Certified EHR Technology:**

\*1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received?  
☐ Yes ☐ No

\*2. Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program?  
☐ Yes ☐ No

If you answered No on the question above, the below question is not applicable and should be left blank.

If yes, did you and your organization cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field?  
☐ Yes ☐ No

\*3. In addition, do you and your organization acknowledge the option to cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received?  
☐ Yes ☐ No ☐ Decline to answer

\*4. Did you or your organization receive a request to assist in ONC - ACB surveillance of your health information technology certified under the ONC Health IT Certification Program?  
☐ Yes ☐ No ☐ Decline to answer

If you answered No or Decline to Answer on the question above, the below question is not applicable and should be left blank.

If yes, did you and your organization cooperate in good faith with ONC-ACB surveillance your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by you in the field?  
☐ Yes ☐ No ☐ Decline to answer

**Actions related to supporting information exchange and the prevention of health information blocking:**

\*1. Did you or your organization knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of Certified EHR Technology?  
☐ Yes ☐ No

\*2. Did you and your organization implement technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the Certified EHR Technology was, at all relevant times:

(i) Connected in accordance with applicable law;  
☐ Yes ☐ No

(ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;  
☐ Yes ☐ No

(iii) Implemented in a manner that allowed for timely access by patients to their electronic health information;  
☐ Yes ☐ No

(iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300j(3)), including unaffiliated providers, and with disparate Certified EHR Technology and vendors.  
☐ Yes ☐ No

\*3. Did you and your organization respond in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300j(3)), and other persons, regardless of the requestor's affiliation or technology vendor?  
☐ Yes ☐ No

Return to Main
Clear All Entries
Save & Continue

## Objective 1 – Protect Patient Health Information

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 12 of this manual.

Name  
Personal TIN/SSN  
Payment Year

Applicant NPI  
Payee TIN  
Program Year

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Attestation Meaningful Use Objectives

Objective 0

Objective 1

Objective 2

Objective 3

Objective 4

Objective 5

Objective 6

Objective 7

Objective 1 - Protect Patient Health Information

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(\*) Red asterisk indicates a required field.

Objective: Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical, administrative, and physical safeguards.

Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by Certified EHR Technology in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.

\*Did you meet this measure?  
☐ Yes ☐ No

If 'Yes', please enter the following information:

Date (MM/DD/YYYY):

Name and Title (Person who conducted or reviewed the security risk analysis):

Return to Main

Clear All Entries

Save & Continue



## Objective 2 – Electronic Prescribing

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 12 of this manual.

**Name**  
**Personal TIN/SSN**  
**Payment Year**

**Applicant NPI**  
**Payee TIN**  
**Program Year**

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[R&A/Contact Info](#)
[Eligibility](#)
[Patient Volumes](#)
[Attestation](#)
[Review](#)
[Submit](#)

**Attestation Meaningful Use Objectives**

[Objective 0](#) ✓

[Objective 1](#) ✓

[Objective 2](#) ✓

[Objective 3](#) ✓

[Objective 4](#) ✓

[Objective 5](#) ✓

[Objective 6](#) ✓

[Objective 7](#) ✓

### Objective 2 – Electronic Prescribing

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(\*) Red asterisk indicates a required field.

Objective: Generate and transmit permissible prescriptions electronically (eRx).

Measure: More than 60 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.

**\* PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.

☐ This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.  
☐ This data was extracted only from patient records maintained using Certified EHR Technology.

**EXCLUSION 1:** Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period.

**\* Does this exclusion apply to you?**

☐ Yes ☐ No

**EXCLUSION 2:** Any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.

**\* Does this exclusion apply to you?**

☐ Yes ☐ No

If the exclusions do not apply to you, complete the following information:

**Numerator:** The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using Certified EHR Technology.

**Denominator:** Number of prescriptions written for drugs requiring a prescription in order to be dispensed, other than controlled substances, during the EHR reporting period; or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period.

**Numerator:**  **Denominator:**

[Return to Main](#)
[Clear All Entries](#)
[Save & Continue](#)

## Objective 3 – Clinical Decision Support (CDS)

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 12 of this manual.

Name  
Personal TIN/SSN  
Payment Year

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Attestation Meaningful Use Objectives

Objective 0

Objective 1

Objective 2

Objective 3

Objective 4

Objective 5

Objective 6

Objective 7

Objective 3 – Clinical Decision Support

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(\*) Red asterisk indicates a required field.

Objective:

Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.

Measure 1:

Implement five clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

\*Did you meet this measure?

☐ Yes ☐ No

Measure 2 Exclusion:

For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.

\*Does this exclusion apply to you? If 'No', complete Measure 2.

☐ Yes ☐ No

Measure 2:

The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Did you meet this measure?

☐ Yes ☐ No

Return to Main

Clear All Entries

Save & Continue

Saved 14-February-2020

MAPIR\_User\_Guide\_for\_EP\_Part\_2C\_PY2019\_V1.0 (MAPIR Release 6.2).docx

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## Objective 4 – Computerized Provider Order Entry (CPOE)

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 12 of this manual.

Name  
 Personal TIN/SSN  
 Payment Year

Applicant NPI  
 Payee TIN  
 Program Year

Get Started
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Submit

### Attestation Meaningful Use Objectives

Objective 0

Objective 1

Objective 2

Objective 3

Objective 4

Objective 5

Objective 6

Objective 7

#### Objective 4 – Computerized Provider Order Entry

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

**(\*) Red asterisk indicates a required field.**

Objective: Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.

**\* PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using Certified EHR Technology.

☐ This data was extracted from ALL patient records not just those maintained using Certified EHR Technology.  
☐ This data was extracted only from patient records maintained using Certified EHR Technology.

**Measure 1:** More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Numerator 1:** The number of orders in the denominator recorded using CPOE.  
**Denominator 1:** Number of medication orders created by the EP during the EHR reporting period.  
**Exclusion 1:** Any EP who writes fewer than 100 medication orders during the EHR reporting period.

**\* Does this exclusion apply to you?**  
☐ Yes ☐ No

If 'No', complete entries in the Numerator and Denominator.

**Numerator 1:**  **Denominator 1:**

**Measure 2:** More than 60 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Numerator 2:** The number of orders in the denominator recorded using CPOE.  
**Denominator 2:** Number of laboratory orders created by the EP during the EHR reporting period.  
**Exclusion 2:** Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.

**\* Does this exclusion apply to you?**  
☐ Yes ☐ No

If 'No', complete entries in the Numerator and Denominator.

**Numerator 2:**  **Denominator 2:**

**Measure 3:** More than 60 percent of diagnostic imaging orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

**Numerator 3:** The number of orders in the denominator recorded using CPOE.  
**Denominator 3:** Number of diagnostic imaging orders created by the EP during the EHR reporting period.  
**Exclusion 3:** Any EP who writes fewer than 100 diagnostic imaging orders during the EHR reporting period.

**\* Does this exclusion apply to you?**  
☐ Yes ☐ No

If 'No', complete entries in the Numerator and Denominator.

**Numerator 3:**  **Denominator 3:**

Return to Main
Clear All Entries
Save & Continue

## Objective 5 – Patient Electronic Access to Health Information

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 12 of this manual.

Name

Personal TIN/SSN

Payment Year

Applicant NPI

Payee TIN

Program Year

Get Started

R&A/Contact Info ☒

Eligibility ☒

Patient Volumes ☒

Attestation ☒

Review

Submit ☐

Attestation Meaningful Use Objectives

**Objective 0** ☒

**Objective 1** ☒

**Objective 2** ☒

**Objective 3** ☒

**Objective 4** ☒

**Objective 5** ☒

**Objective 6** ☒

**Objective 7** ☒

### Objective 5 – Patient Electronic Access to Health Information

[Click HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(\*) Red asterisk indicates a required field.

Objective: The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.

**Exclusion 1:** An EP may exclude from the measure if they have no office visits during the EHR reporting period.

\* Does the exclusion apply to you? If 'Yes', do not complete Measure 1 and 2. If 'No', complete Exclusion 2.

☐ Yes ☐ No

**Exclusion 2:** Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measure.

Does the exclusion apply to you? If 'Yes', do not complete Measure 1 and 2. If 'No', complete Measure 1 and 2.

☐ Yes ☐ No

**Measure 1:** For more than 80 percent of all unique patients seen by the EP: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's Certified EHR Technology.

**Numerator 1:** The number of patients in the denominator (or patient-authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the provider's Certified EHR Technology.

**Denominator 1:** The number of unique patients seen by the EP during the EHR reporting period.

**Numerator 1:**  **Denominator 1:**

**Measure 2:** The EP must use clinically relevant information from Certified EHR Technology to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the EHR reporting period.

**Numerator 2:** The number of patients in the denominator who were provided electronic access to patient-specific educational resources using clinically relevant information identified from Certified EHR Technology during the EHR reporting period.

**Denominator 2:** The number of unique patients seen by the EP during the EHR reporting period.

**Numerator 2:**  **Denominator 2:**

[Return to Main](#)

[Clear All Entries](#)

[Save & Continue](#)

## Objective 6 – Coordination of Care Through Patient Engagement

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 12 of this manual.

<p>Name Personal TIN/SSN Payment Year</p>	<p>Applicant NPI Payee TIN Program Year</p>
<p> <a href="#">Get Started</a> <a href="#">R&amp;A/Contact Info</a> <a href="#">Eligibility</a> <a href="#">Patient Volumes</a> <a href="#">Attestation</a> <a href="#">Review</a> <a href="#">Submit</a> </p>	

**Attestation Meaningful Use Objectives**

Objective 0 ✔

Objective 1 ✔

Objective 2 ✔

Objective 3 ✔

Objective 4 ✔

Objective 5 ✔

Objective 6 ✔

Objective 7 ✔

**Objective 6 - Coordination of Care Through Patient Engagement**

[Click HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

**(\*) Red asterisk indicates a required field.**

Objective: Use Certified EHR Technology to engage with patients or their authorized representatives about the patient's care. Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.

**Exclusion 1:** An EP may exclude from the measure if they have no office visits during the EHR reporting period.

\* Does this Exclusion apply to you? If 'Yes', do not complete Measure 1, 2 or 3. If 'No', complete Exclusion 2.

☐ Yes ☐ No

**Exclusion 2:** Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measure.

Does this Exclusion apply to you? If 'Yes', do not complete Measure 1, 2 or 3. If 'No', complete Measure 1, 2 and 3.

☐ Yes ☐ No

**Measure 1:** During the EHR reporting period, more than 5 percent of all unique patients (or their authorized representatives) seen by the EP actively engage with the electronic health record made accessible by the provider and either: (1) View, download or transmit to a third party their health information; or (2) Access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's Certified EHR Technology; or (3) A combination of (1) and (2).

**Numerator 1:** The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information during the EHR reporting period and the number of unique patients (or their authorized representatives) in the denominator who have accessed their health information through the use of an API during the EHR reporting period.

**Denominator 1:** Number of unique patients seen by the EP during the EHR reporting period.

**Numerator 1:**  **Denominator 1:**

**Measure 2:** For more than 5 percent of all unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of Certified EHR Technology to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient or their authorized representative.

**Numerator 2:** The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative) or in response to a secure message sent by the patient (or patient-authorized representative), during the EHR reporting period.

**Denominator 2:** Number of unique patients seen by the EP during the EHR reporting period.

**Numerator 2:**  **Denominator 2:**

**Measure 3:** Patient generated health data or data from a non-clinical setting is incorporated into the Certified EHR Technology for more than 5 percent of all unique patients seen by the EP during the EHR reporting period.

**Numerator 3:** The number of patients in the denominator for whom data from non-clinical settings, which may include patient-generated health data, is captured through the Certified EHR Technology into the patient record during the EHR reporting period.

**Denominator 3:** Number of unique patients seen by the EP during the EHR reporting period.

**Numerator 3:**  **Denominator 3:**

[Return to Main](#)
[Clear All Entries](#)
[Save & Continue](#)

## Objective 7 – Health Information Exchange (HIE)

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 12 of this manual.

The screenshot displays the MAPIR web application interface for the 'Objective 7 - Health Information Exchange (HIE)' attestation. At the top, there is a header with user information: 'Name', 'Personal TIN/SSN', 'Payment Year', 'Applicant NPI', 'Payee TIN', and 'Program Year'. Below this is a navigation bar with buttons: 'Get Started', 'R&A/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation' (selected), 'Review', and 'Submit'. The main content area is titled 'Attestation Meaningful Use Objectives' and shows a list of objectives on the left, all marked with green checkmarks. The selected objective, 'Objective 7 - Health Information Exchange (HIE)', is displayed in the main panel. It includes a link to review CMS Guidelines, a blue box with instructions to 'Click the Save & Continue to proceed. Click Return to Main to access the main attestation topic list. Click Clear All Entries to remove entered data.', a red asterisk warning, and three exclusion questions with radio button answers.

**Objective 7 - Health Information Exchange (HIE)**

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(\*) Red asterisk indicates a required field.

Based on the selections you make below you may be required to provide more information.

**Exclusion 1:** Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.

\* Does the exclusion apply to you?

☐ Yes ☐ No

**Exclusion 2:** Any EP for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, is fewer than 100 during the EHR reporting period is excluded from this measure.

\* Does the exclusion apply to you?

☐ Yes ☐ No

**Exclusion 3:** Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measures.

\* Does the exclusion apply to you?

☐ Yes ☐ No

**Return to Main** **Clear All Entries** **Save & Continue**

Figure 0-2: Health Information Exchange (HIE) exclusions

### Note

If additional information is required, after answering the HIE exclusions, then MAPIR will navigate to the following screen when **Save & Continue** is selected.

<b>Name</b> <b>Personal TIN/SSN</b> <b>Payment Year</b>	<b>Applicant NPI</b> <b>Payee TIN</b> <b>Program Year</b>
---	---

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

**Attestation Meaningful Use Objectives**

Objective 0

Objective 1

Objective 2

Objective 3

Objective 4

Objective 5

Objective 6

Objective 7

**Objective 7 – Health Information Exchange (HIE)**

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go back. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

**(\*) Red asterisk indicates a required field.**

Based on your exclusion selections from the previous screen you are required to provide the following information.

**Objective:** The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of Certified EHR Technology. Provider must attest to the measure(s) listed below.

**Measure 1:** For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care: (1) Creates a summary of care record using Certified EHR Technology; and (2) electronically exchanges the summary of care record.

**Numerator 1:** The number of transitions of care and referrals in the denominator where a summary of care record was created using Certified EHR Technology and exchanged electronically.

**Denominator 1:** Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.

**\* Numerator 1:**  **\* Denominator 1:**

**Measure 2:** For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient's EHR an electronic summary of care document.

**Numerator 2:** Number of patient encounters in the denominator where an electronic summary of care record received is incorporated by the provider into the Certified EHR Technology.

**Denominator 2:** Number of patient encounters during the EHR reporting period for which an EP was the receiving party of a transition or referral or has never before encountered the patient and for which an electronic summary of care record is available.

**\* Numerator 2:**  **\* Denominator 2:**

**Measure 3:** For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets: (1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication. (2) Medication allergy. Review of the patient's known medication allergies. (3) Current Problem list. Review of the patient's current and active diagnoses.

**Numerator 3:** The number of transitions of care or referrals in the denominator where the following three clinical information reconciliations were performed: Medication list, medication allergy list, and current problem list.

**Denominator 3:** Number of transitions of care or referrals during the EHR reporting period for which the EP was the recipient of the transition or referral or has never before encountered the patient.

**\* Numerator 3:**  **\* Denominator 3:**

Previous
Return to Main
Clear All Entries
Save & Continue

Figure 0-3: Health Information Exchange (HIE) results

## Stage 3 Required Public Health Objective (8)

The revised navigational approach is effective for Stage 3 Required Public Health. If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.

**Name**  
**Personal TIN/SSN**  
**Payment Year**

**Applicant NPI**  
**Payee TIN**  
**Program Year**

Get Started
R&A/Contact Info ☒
Eligibility ☒
Patient Volumes ☒
Attestation ☒
Review
Submit ☐

**Attestation Meaningful Use Objectives**

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

**Please Note:** Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
	General Requirements	2/2	<div>EDIT</div> <div>Clear All</div>
	Meaningful Use Objectives (0-7)	8/8	<div>EDIT</div> <div>Clear All</div>
	Required Public Health Objective (8)		<div>Begin</div>
	Manual Clinical Quality Measures		<div>Select</div>
	Electronic Clinical Quality Measures		<div>Select</div>

**Note:**  
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous

Save & Continue



This screen provides information about the Stage 3 Required Public Health Objective.

Click **Begin** to continue to the Required Public Health Objectives Navigation Panel.

Name		Applicant NPI	
Personal TIN/SSN		Payee TIN	
Payment Year		Program Year	

Get Started	R&A/Contact Info <input checked="" type="checkbox"/>	Eligibility <input checked="" type="checkbox"/>	Patient Volumes <input checked="" type="checkbox"/>	Attestation <input type="checkbox"/>	Review	Submit <input type="checkbox"/>
-------------	--	---	---	--------------------------------------	--------	---------------------------------

**Begin**

## Required Public Health List Table

From the Required Public Health Objective Selection screen, choose a minimum of two Required Public Health Options to attest to.

If a measure is selected and information is entered for that measure, unselecting the measure will clear all information previously entered.

Click **Save & Continue** to proceed or click **Return to Main** to go back. Click **Reset** to restore this panel to the starting point or last saved data.

**Name**  
**Personal TIN/SSN**  
**Payment Year**

**Applicant NPI**  
**Payee TIN**  
**Program Year**

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

**Attestation Meaningful Use Objectives**

Providers are required to successfully attest to two Public Health Options without taking an exclusion. If you cannot satisfy at least two options, you may take exclusions for all options you cannot meet. You may be required to answer Option 4B or 5B. You cannot attest to Option 4B or 5B if you can take an exclusion for Option 4A or 5A respectively.

Note: Taking all exclusions does not mean the Objective fails.

When all options have been edited and you are satisfied with the entries, select **"Return to Main"** button to access the main attestation topic list.

Objective Number	Objective	Measure	Select
Objective 8 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	<input checked="" type="checkbox"/>
Objective 8 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.	<input checked="" type="checkbox"/>
Objective 8 Option 3	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 3 - Electronic Case Reporting: The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.	<input checked="" type="checkbox"/>
Objective 8 Option 4A	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.	<input checked="" type="checkbox"/>
Objective 8 Option 4B	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.	<input checked="" type="checkbox"/>
Objective 8 Option 5A	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.	<input checked="" type="checkbox"/>
Objective 8 Option 5B	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.	<input checked="" type="checkbox"/>

Return to Main
Reset
Save & Continue

The measures you select to attest to will display on the Required Public Health Objectives Navigation Panel as shown in the following page.

You must complete all the measures selected.

## Required Public Health Objectives Navigation Panel

The following screen displays the Required Public Health Objectives Navigation Panel.

Incomplete Objectives display without a checkmark and are listed in ascending order.

Select the hyperlinks on the left side of the Navigation Panel to display an associated Objective screen on the right side of the Navigation Panel.

A checkmark will display beside each completed Objective.

When all required fields have been entered for an Objective, Click the **Save & Continue** button to navigate to the next incomplete objective.

Successfully complete the Required Public Health Objectives and click the **Save & Continue** button to navigate to the Measures Topic List displayed on page 35 of this manual.

Click **Clear All Entries** and select **OK** on the warning pop-up, to remove all previously saved data for the selected Objective, or **Cancel**, to continue working.

Click **Return to Main** to navigate to the Measures Topic List displayed on page 24 of this manual.

The screenshot shows the MAPIR web application interface for 'Attestation Meaningful Use Objectives'. The top navigation bar includes links for 'Get Started', 'RPA/Contact Info', 'Eligibility', 'Patient Volumes', 'Attestation', 'Review', and 'Submit'. The left sidebar lists various objectives with checkmarks indicating completion status. The main area displays 'Objective 8 Option 1 - Immunization Registry Reporting' with detailed instructions, a 'Save & Continue' button, and a 'Clear All Entries' button. The bottom navigation bar includes 'Previous', 'Return to Main', 'Clear All Entries', and 'Save & Continue' buttons.

### Note

The Navigation Panel requires JavaScript to be enabled for your web browser. If JavaScript is disabled, the following message will display "It appears that JavaScript is disabled in your browser or not supported. Certain supplemental features in MAPIR require JavaScript. These features include optional Calendar controls, warnings of session expiration, confirmation before clearing certain measures, and confirmation of saving changes on Exit."

## Objective 8 Option 1 – Immunization Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 24 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

Name  
Personal TIN/SSN  
Payment Year

Applicant NPI  
Payee TIN  
Program Year

Get Started
RBA/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

### Attestation Meaningful Use Objectives

Objective 8 Option 1  
Objective 8 Option 2  
Objective 8 Option 3  
Objective 8 Option 4A  
Objective 8 Option 4B  
Objective 8 Option 5A  
Objective 8 Option 5B

#### Objective 8 Option 1 – Immunization Registry Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

**(\*) Red asterisk indicates a required field.**

Objective: The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 1 - Immunization Registry Reporting: The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

**\*Does this option apply to you?**  
☐ Yes ☐ No

If 'Yes', select the name of the immunization registry.

If 'Other' is selected, enter the name of the immunization registry used below.

**Active Engagement Options:** If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data  
☐ Testing and validation  
☐ Production

**EXCLUSION:** If Option 1 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period.  
☐ Yes ☐ No

Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.  
☐ Yes ☐ No

Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.  
☐ Yes ☐ No

Previous
Return to Main
Clear All Entries
Save & Continue

## Objective 8 Option 2 – Syndromic Surveillance Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 25 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

Name  
Personal TIN/SSN  
Payment Year

Applicant NPI  
Payee TIN  
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

### Attestation Meaningful Use Objectives

Objective 8  
Option 1

Objective 8  
Option 2

Objective 8  
Option 3

Objective 8  
Option 4A

Objective 8  
Option 4B

Objective 8  
Option 5A

Objective 8  
Option 5B

#### Objective 8 Option 2 – Syndromic Surveillance Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

**(\*) Red asterisk indicates a required field.**

Objective: The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 2 - Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.

\*Does this option apply to you?  
☐ Yes ☐ No

If 'Yes', select the name of the syndromic surveillance registry.

If 'Other' is selected, enter the name of the syndromic surveillance registry used below.

**Active Engagement Options:** If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data  
☐ Testing and validation  
☐ Production

**EXCLUSION:** If Option 2 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.  
☐ Yes ☐ No

Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.  
☐ Yes ☐ No

Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs as of 6 months prior to the start of the EHR reporting period.  
☐ Yes ☐ No

Previous
Return to Main
Clear All Entries
Save & Continue

## Objective 8 Option 3 – Electronic Case Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 25 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

### Note

Beginning with the implementation of MAPIR Release 6.2, Program Year 2019 and higher Stage 3 incentive applications will require attestation for Objective 8 Option 3 – Electronic Case Reporting when an exclusion is chosen, and the minimum number of Objectives has not been successfully attested to.

Name  
Personal TIN/SSN  
Payment Year

Applicant NPI  
Payee TIN  
Program Year

Get Started

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Attestation Meaningful Use Objectives

Objective 8  
Option 1

Objective 8  
Option 2

Objective 8  
Option 3

Objective 8  
Option 4A

Objective 8  
Option 4B

Objective 8  
Option 5A

Objective 8  
Option 5B

Objective 8 Option 3 – Electronic Case Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(\*) Red asterisk indicates a required field.

Objective:

The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure:

Option 3 - Electronic Case Reporting: The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.

\*Does this option apply to you?

☐ Yes ☐ No

If 'Yes', select the name of the electronic case reporting registry.

If 'Other' is selected, enter the name of the electronic case reporting registry used below.

Active Engagement Options:

If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data

☐ Testing and validation

☐ Production

EXCLUSION:

If Option 3 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or directly treat any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period.

☐ Yes ☐ No

Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.

☐ Yes ☐ No

Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the EHR reporting period.

☐ Yes ☐ No

Previous

Return to Main

Clear All Entries

Save & Continue

Saved 14-February-2020

MAPIR\_User\_Guide\_for\_EP\_Part\_2C\_PY2019\_V1.0 (MAPIR Release 6.2).docx

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## Objective 8 Option 4A – Public Health Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 25 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

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### Attestation Meaningful Use Objectives

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Objective 8  
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Objective 8  
Option 3  
Objective 8  
Option 4A  
Objective 8  
Option 4B  
Objective 8  
Option 5A  
Objective 8  
Option 5B

#### Objective 8 Option 4A – Public Health Registry Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

**(\*) Red asterisk indicates a required field.**

Objective: The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.

\*Does this option apply to you?  
☐ Yes ☐ No

If 'Yes', select the name of the public health registry.

If 'Other' is selected, enter the name of the public health registry used below.

**Active Engagement Options:** If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data  
☐ Testing and validation  
☐ Production

**EXCLUSION:** If Option 4 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period.  
☐ Yes ☐ No

Operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.  
☐ Yes ☐ No

Operates in a jurisdiction where no public health registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.  
☐ Yes ☐ No

Previous
Return to Main
Clear All Entries
Save & Continue

## Objective 8 Option 4B – Public Health Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 25 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

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### Attestation Meaningful Use Objectives

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Objective 8  
Option 4A
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Option 4B
Objective 8  
Option 5A
Objective 8  
Option 5B

#### Objective 8 Option 4B – Public Health Registry Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(\*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 4 - Public Health Registry Reporting: The EP is in active engagement with a public health agency to submit data to public health registries.

\*Does this option apply to you?  
☐ Yes ☐ No

If 'Yes', select the name of the public health registry.

If 'Other' is selected, enter the name of the public health registry used below.

**Active Engagement Options:** If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data  
☐ Testing and validation  
☐ Production

**EXCLUSION:** If Option 4 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period.  
☐ Yes ☐ No

Operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.  
☐ Yes ☐ No

Operates in a jurisdiction where no public health registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.  
☐ Yes ☐ No

Previous
Return to Main
Clear All Entries
Save & Continue

Registry names entered in the free text box or chosen from the drop down in list cannot be identical to what selected from the drop down in Option 4A, "Other" is not consider a registry name.



## Objective 8 Option 5A – Clinical Data Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 25 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

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### Attestation Meaningful Use Objectives

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Objective 8  
Option 4A  
Objective 8  
Option 4B  
Objective 8  
Option 5A  
Objective 8  
Option 5B

#### Objective 8 Option 5A – Clinical Data Registry Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(\*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.

\*Does this option apply to you?  
☐ Yes ☐ No

If 'Yes', select the name of the clinical data registry.

If 'Other' is selected, enter the name of the clinical data registry used below.

**Active Engagement Options:** If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data  
☐ Testing and validation  
☐ Production

**EXCLUSION:** If Option 5 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period.  
☐ Yes ☐ No

Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.  
☐ Yes ☐ No

Operates in a jurisdiction where no clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.  
☐ Yes ☐ No

Previous
Return to Main
Clear All Entries
Save & Continue

## Objective 8 Option 5B – Clinical Data Registry Reporting

Enter information in all required fields.

Click **Save & Continue** to navigate to the next incomplete objective.

Click **Clear All Entries** to remove all previously saved data.

Click **Return to Main** to navigate to the EP MU Dashboard shown on page 25 of this manual.

Click **Previous** to navigate to the Required Public Health Objectives Selection screen.

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### Attestation Meaningful Use Objectives

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Objective 8 Option 2  
Objective 8 Option 3  
Objective 8 Option 4A  
Objective 8 Option 4B  
Objective 8 Option 5A  
Objective 8 Option 5B

#### Objective 8 Option 5B – Clinical Data Registry Reporting

Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

(\*) Red asterisk indicates a required field.

Objective: The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.

Measure: Option 5 - Clinical Data Registry Reporting: The EP is in active engagement to submit data to a clinical data registry.

\*Does this option apply to you?  
☐ Yes ☐ No

If 'Yes', select the name of the clinical data registry.

If 'Other' is selected, enter the name of the clinical data registry used below.

**Active Engagement Options:** If you have answered 'Yes' above, please select one of the options listed below.

☐ Completed registration to submit data  
☐ Testing and validation  
☐ Production

**EXCLUSION:** If Option 5 is 'No', then ALL of the Exclusions listed below must be answered. You may only select 'Yes' for one exclusion. Any EP that meets one of the following criteria may be excluded from this objective.

Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period.  
☐ Yes ☐ No

Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the Certified EHR Technology definition at the start of the EHR reporting period.  
☐ Yes ☐ No

Operates in a jurisdiction where no clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.  
☐ Yes ☐ No

Previous
Return to Main
Clear All Entries
Save & Continue

Registry names entered in the free text box or chosen from the drop down in list cannot be identical to what selected from the drop down in Option 5A, "Other" is not consider a registry name.

## Clinical Quality Measures (CQMs) – Stage 3

The revised navigational approach is effective for Stage 3 Clinical Quality Measures. If all measures were entered and saved, a check mark will display under the Completed column for the topic as displayed in the example below. You can continue to edit the topic measure after it has been marked complete.

Click the **Edit** button to further edit the topic, click **Clear All** to clear all topic information you entered, or click **Begin** to start the next topic.

A check mark will display under the Completed column for the topic. You can continue to **EDIT** the topic measure after it has been marked complete.

Click **Select** to start the Manual Clinical Quality Measures or Electronic Clinical Quality Measures.

### Note

The selection of Electronic Clinical Quality Measures is configurable by states. If this configurable setting is disabled, then only Manual Clinical Quality Measures selection will be available.

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#### Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

**Please Note:** Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
✓	General Requirements	2/2	EDIT Clear All
✓	Meaningful Use Objectives (0-7)	8/8	EDIT Clear All
✓	Required Public Health Objective (8)	7/7	EDIT Clear All

Please select at least six CQMs from the Clinical Quality Measure set below. The Adult and Pediatric Sets have been removed due to the reduced number of CQMs that are required.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

Clinical Quality Measures
Begin

**Note:**  
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous
Save & Continue

If Electronic Clinical Quality Measures is selected a ✓ will appear on the Measures Topic List.

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**Attestation Meaningful Use Objectives**

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

**Please Note:** Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
	General Requirements	2/2	<div>EDIT</div> <div>Clear All</div>
	Meaningful Use Objectives (0-7)	8/8	<div>EDIT</div> <div>Clear All</div>
	Required Public Health Objective (8)	2/2	<div>EDIT</div> <div>Clear All</div>
	Electronic Clinical Quality Measures (Select Cancel to choose Manual)		<div>Cancel</div>

**Note:**  
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous

Save & Continue

To cancel Electronic Clinical Quality Measure selection and choose Manual Clinical Quality Measures click the **Cancel** button and then click **OK** on the pop-up message window.

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### Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed. ✓

**Please Note:** Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a ✓ is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
✓	General		EDIT Clear All
✓	Meanin		EDIT Clear All
✓	Require		EDIT Clear All

Message from webpage

WARNING - All measure data will be cleared for this topic.

Select the Cancel button to continue working.

Select OK to clear measure data.

OK Cancel

### Manual Clinical Quality Measures

Please select at least six CQMs from the Clinical Quality Measure set below. The Adult and Pediatric Sets have been removed due to the reduced number of CQMs that are required.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

Clinical Quality Measures	Begin
Cancel and Choose Electronic	Cancel

**Note:**  
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.

Previous Save & Continue

To select Manual Clinical Quality Measures, click the **Begin** button.

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### Attestation Meaningful Use Objectives

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

**Please Note:** Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the "Begin" button. To modify a topic where entries have been made, select the "EDIT" button for a topic to modify any previously entered information. Select "Previous" to return.

Completed?	Topics	Progress	Action
	General Requirements	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Meaningful Use Objectives (0-7)	8/8	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>
	Required Public Health Objective (8)	2/2	<input type="button" value="EDIT"/> <input type="button" value="Clear All"/>

### Manual Clinical Quality Measures

Please select at least six CQMs from the Clinical Quality Measure set below. The Adult and Pediatric Sets have been removed due to the reduced number of CQMs that are required.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

**Clinical Quality Measures**

**Cancel and Choose Electronic**

**Note:**  
When all topics are marked as completed, select the "Save & Continue" button to complete the attestation process.



## Manual Clinical Quality Measures

This initial screen provides information about the Manual Clinical Quality Measures.

Click **Begin** to continue to the Meaningful Use Clinical Quality Measure Worklist Table.

The screenshot shows a web application interface for Manual Clinical Quality Measures. At the top, there are two columns of labels: 'Name', 'Personal TIN/SSN', and 'Payment Year' on the left; 'Applicant NPI', 'Payee TIN', and 'Program Year' on the right. Below these labels is a horizontal navigation bar with seven buttons: 'Get Started', 'R&A/Contact Info' (with a checkmark icon), 'Eligibility' (with a checkmark icon), 'Patient Volumes' (with a checkmark icon), 'Attestation' (highlighted in blue), 'Review', and 'Submit'. Below the navigation bar is a large white rectangular area with a 'Begin' button centered at the bottom.

## Meaningful Use Clinical Quality Measure Worklist

There is a total of 50 Meaningful Use Clinical Quality Measures available for you to attest to. From the Meaningful Use Clinical Quality Measures Worklist Table, choose a minimum of six CQMs.

If none of the CQMs in the Outcome table are relevant to your scope of practice, then you **MUST** select the acknowledgement checkbox. Once the acknowledgement checkbox is selected then you **MUST** either select one or more CQMs from the High Priority table **OR** select the acknowledgement checkbox for High Priority CQMs.

If one or more of the Outcome CQMs are relevant to your scope of practice and are selected, then you do not need to select any CQMs from the High Priority table **OR** select the acknowledgement checkbox for High Priority CQMs.

If none of the CQMs in the Outcome table **OR** the High Priority table are relevant to your scope of practice **AND** the acknowledgement checkboxes for both associated tables have been selected, then you **MUST** select six (6) CQMs from the Other table.

You can sort and view the CQMs by NQF or CMS number by selecting the sort arrows for each table. Each table sorts the CQM NQF and CMS number independently from the other.

The screen shot below shows the instructional text for the Meaningful Use Clinical Quality Measures and is not a complete listing of all available CQMs.

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Attestation Meaningful Use Measures

Meaningful Use Clinical Quality Measure Worklist

You must select a minimum of six (6) CQMs in order to proceed. CMS now requires that you must select at least one (1) Outcome measure or if no Outcome measures are applicable, at least one (1) High Priority measure. If no Outcome or High Priority CQMs are relevant to your scope of practice, then please choose a minimum of six (6) CQMs from the list of Other available CQMs.

**If none of the Outcome or High Priority CQMs are relevant to your scope of practice, you must check the acknowledgement box within each section in order to proceed to the next screen.**

CQMs below are listed by NQF number within each section. You have the ability to sort and view the CQMs by NQF or CMS number by clicking on the sort arrows below.

*Please note you are not limited to only selecting one Outcome or High Priority CQM, you may select multiple CQMs from any category with a minimum total of six (6). When all CQMs have been edited and you are satisfied with the entries, select "Return to Main" button to access the main attestation topic list.*

Outcome Clinical Quality Measures

NQF#	Measure#	Title	Selection
0018	CMS165 v7.3.000	Controlling High Blood Pressure	<input type="checkbox"/>
0059	CMS122 v7.4.000	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	<input type="checkbox"/>
0564	CMS132 v7.2.000	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	<input type="checkbox"/>
0565	CMS133 v7.2.000	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	<input type="checkbox"/>
0710	CMS159 v7.2.000	Depression Remission at Twelve Months	<input type="checkbox"/>
Not Applicable	CMS75 v7.2.000	Children Who Have Dental Decay or Cavities	<input type="checkbox"/>

☐ None of the Outcome Clinical Quality Measures listed above pertain to my scope of practice.

High Priority Clinical Quality Measures

NQF#	Measure#	Title	Selection
0004	CMS137 v7.2.000	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	<input type="checkbox"/>
0022	CMS156 v7.3.000	Use of High-Risk Medications in the Elderly	<input type="checkbox"/>
0024	CMS155 v7.2.000	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	<input type="checkbox"/>
0033	CMS153 v7.4.000	Chlamydia Screening for Women	<input type="checkbox"/>
0069	CMS154 v7.2.000	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	<input type="checkbox"/>
0089	CMS142 v7.1.000	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	<input type="checkbox"/>
0101	CMS139 v7.2.000	Falls: Screening for Future Fall Risk	<input type="checkbox"/>
0105	CMS128 v7.2.000	Antidepressant Medication Management	<input type="checkbox"/>

Figure 0-4: Meaningful Use Clinical Quality Measure Worklist (Part 1 of 3)



0108	CMS136 v8.3.000	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	<input type="checkbox"/>
0384	CMS157 v7.4.000	Oncology: Medical and Radiation - Pain Intensity Quantified	<input type="checkbox"/>
0389	CMS129 v8.2.000	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	<input type="checkbox"/>
0418	CMS2 v8.1.000	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	<input type="checkbox"/>
0419	CMS68 v8.1.000	Documentation of Current Medications in the Medical Record	<input type="checkbox"/>
1365	CMS177 v7.2.000	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	<input type="checkbox"/>
2372	CMS125 v7.2.000	Breast Cancer Screening	<input type="checkbox"/>
Not Applicable	CMS50 v7.1.000	Closing the Referral Loop: Receipt of Specialist Report	<input type="checkbox"/>
Not Applicable	CMS56 v7.4.000	Functional Status Assessment for Total Hip Replacement	<input type="checkbox"/>
Not Applicable	CMS66 v7.5.000	Functional Status Assessment for Total Knee Replacement	<input type="checkbox"/>
Not Applicable	CMS90 v8.3.000	Functional Status Assessments for Congestive Heart Failure	<input type="checkbox"/>
Not Applicable	CMS146 v7.2.000	Appropriate Testing for Children with Pharyngitis	<input type="checkbox"/>
Not Applicable	CMS249 v1.4.000	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	<input type="checkbox"/>

☐ None of the High Priority Clinical Quality Measures listed above pertain to my scope of practice.

**Other Clinical Quality Measures**

NQF#	Measure#	Title	Selection
0028	CMS138 v7.1.000	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	<input type="checkbox"/>
0032	CMS124 v7.2.000	Cervical Cancer Screening	<input type="checkbox"/>
0034	CMS130 v7.2.000	Colorectal Cancer Screening	<input type="checkbox"/>
0038	CMS117 v7.2.000	Childhood Immunization Status	<input type="checkbox"/>
0041	CMS147 v8.1.000	Preventive Care and Screening: Influenza Immunization	<input type="checkbox"/>
0055	CMS131 v7.2.000	Diabetes: Eye Exam	<input type="checkbox"/>
0062	CMS134 v7.2.000	Diabetes: Medical Attention for Nephropathy	<input type="checkbox"/>
0070	CMS145 v7.2.000	Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	<input type="checkbox"/>
0081	CMS135 v7.1.000	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	<input type="checkbox"/>
0083	CMS144 v7.1.000	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	<input type="checkbox"/>
0086	CMS143 v7.1.000	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	<input type="checkbox"/>
0104	CMS161 v7.2.000	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	<input type="checkbox"/>
0405	CMS52 v7.2.000	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	<input type="checkbox"/>
0421	CMS69 v7.1.000	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	<input type="checkbox"/>
0712	CMS160 v7.3.000	Depression Utilization of the PHQ-9 Tool	<input type="checkbox"/>
2872	CMS149 v7.3.000	Dementia: Cognitive Assessment	<input type="checkbox"/>
Not Applicable	CMS22 v7.1.000	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	<input type="checkbox"/>
Not Applicable	CMS74 v8.2.000	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	<input type="checkbox"/>

Figure 0-5: Meaningful Use Clinical Quality Measure Worklist continued (Part 2 of 3)

Not Applicable	CMS82 v6.3.000	Maternal Depression Screening	<input type="checkbox"/>
Not Applicable	CMS82 v6.3.000	Maternal Depression Screening	<input type="checkbox"/>
Not Applicable	CMS127 v7.2.000	Pneumococcal Vaccination Status for Older Adults	<input type="checkbox"/>
Not Applicable	CMS347 v2.1.000	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	<input type="checkbox"/>
Not Applicable	CMS 645 v2.1.000	Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy	<input type="checkbox"/>
Not Applicable	CMS349 v1.2.000	HIV Screening	<input type="checkbox"/>

Figure 0-6: Meaningful Use Clinical Quality Measure Worklist continued (Part 3 of 3)

## Attestation MU Clinical Quality Measure Navigation Panel

The screen below displays the Attestation MU Clinical Quality Measure Navigation Panel. This screen displays the Meaningful Use Clinical Quality Measures you selected on the previous screen.

Incomplete Objectives display without a checkmark and are listed by the NQF or CMS sort order chosen on the EP Attestation MU Clinical Quality Measures Selection screen.

Select the hyperlinks on the left side of the Navigation Panel to display an associated Objective screen on the right side of the Navigation Panel.

A checkmark will display beside each completed Objective.

When all required fields have been entered for an Objective, Click the **Save & Continue** button to navigate to the next incomplete objective.

Successfully complete all the Clinical Quality Measures and click the **Save & Continue** button to navigate to the Measures Topic List displayed on page 44 of this manual.

Click **Clear All Entries** and select **OK** on the warning pop-up, to remove all previously saved data for the selected Objective, or **Cancel**, to continue working.

Click **Return to Main** to navigate to the Measures Topic List displayed on page 44 of this manual.

The screenshot shows the 'Attestation Meaningful Use Measures' interface. On the left, a list of CQMs is shown with checkmarks: CMS165, CMS137, CMS138, CMS124, CMS130, and CMS117. The main content area displays details for CMS165 v7.3.000, including NQF Number 0018 and Measure Title 'Controlling High Blood Pressure'. It also shows instructions for entering data and a red asterisk indicating a required field. At the bottom, buttons for Previous, Return to Main, Clear All Entries, and Save & Continue are visible.

### Note

The Navigation Panel requires JavaScript to be enabled for your web browser. If JavaScript is disabled, the following message will display "It appears that JavaScript is disabled in your browser or not supported. Certain supplemental features in MAPIR require JavaScript. These features include optional Calendar controls, warnings of session expiration, confirmation before clearing certain measures, and confirmation of saving changes on Exit."

If all measures were entered and saved, a check mark will display under the Completed column for the topic. You can continue to edit the topic measure after it has been marked complete.

The screen on the following page displays the Measures Topic List with all four meaningful use objective topics marked complete. Click **Save & Continue** to view a summary of the Meaningful Use Objectives you attested to.

**Name**  
**Personal TIN/SSN**  
**Payment Year**

**Applicant NPI**  
**Payee TIN**  
**Program Year**

Get Started
R&A/Contact Info ☒
Eligibility ☒
Patient Volumes ☒
Attestation
Review
Submit ☐

**Attestation Meaningful Use Objectives**

Please complete the following topic areas: General Requirements, Meaningful Use Objectives (0-7), Required Public Health Objective (8) and the Clinical Quality Measures (CQMs). The following icon will display to the left of the topic name when the minimum required entries are completed.

**Please Note:** Specific requirements apply to the Required Public Health Objective (8). You may be instructed to complete additional steps depending on exclusions taken on completed objectives even though a is displayed.

Available actions for a topic will be determined by current progress level. To start a topic, select the **"Begin"** button. To modify a topic where entries have been made, select the **"EDIT"** button for a topic to modify any previously entered information. Select **"Previous"** to return.

Completed?	Topics	Progress	Action
	General Requirements	2/2	<div style="display: flex; justify-content: flex-end; gap: 5px;"> <div style="background-color: #ccc; padding: 2px 5px;">EDIT</div> <div style="background-color: #ccc; padding: 2px 5px;">Clear All</div> </div>
	Meaningful Use Objectives (0-7)	8/8	<div style="display: flex; justify-content: flex-end; gap: 5px;"> <div style="background-color: #ccc; padding: 2px 5px;">EDIT</div> <div style="background-color: #ccc; padding: 2px 5px;">Clear All</div> </div>
	Required Public Health Objective (8)	7/7	<div style="display: flex; justify-content: flex-end; gap: 5px;"> <div style="background-color: #ccc; padding: 2px 5px;">EDIT</div> <div style="background-color: #ccc; padding: 2px 5px;">Clear All</div> </div>

Please select at least six CQMs from the Clinical Quality Measure set below. The Adult and Pediatric Sets have been removed due to the reduced number of CQMs that are required.

Click [HERE](#) if you would like to view the CQMs that had been preselected for the retired Adult and Pediatric Sets.

	Clinical Quality Measures	6/6	<div style="display: flex; justify-content: flex-end; gap: 5px;"> <div style="background-color: #ccc; padding: 2px 5px;">EDIT</div> <div style="background-color: #ccc; padding: 2px 5px;">Clear All</div> </div>
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**Note:**  
When all topics are marked as completed, select the **"Save & Continue"** button to complete the attestation process.

Previous

Save & Continue

## Meaningful Use Measures Summary

This screen displays a summary of all entered meaningful use attestation information.

Review the information for each measure. If further edits are necessary, click **Previous** to return to the Measures Topic List where you can choose a topic to edit.

If the information on the summary is correct, click **Save & Continue** to proceed to Part 3 of 3 of the Attestation Phase.

**Name**

**Personal TIN/SSN**

**Payment Year**

**Applicant NPI**

**Payee TIN**

**Program Year**

Get Started
R&A/Contact Info ☒
Eligibility ☒
Patient Volumes ☒
Attestation ☒
Review
Submit ☐

**Attestation Meaningful Use Measures**

*The Meaningful Use Measures you have attested to are depicted below. Please review the current information to verify what you have entered is correct.*

**Meaningful Use General Requirements Review**

Question	Entered
Please demonstrate that at least 50% of all your encounters occur in a location(s) where Certified EHR Technology is being utilized.	Numerator = 100 Denominator = 200 Percentage = 50%
Please demonstrate that at least 80% of all unique patients have their data in the certified EHR during the EHR reporting period.	Numerator = 100 Denominator = 200 Percentage = 50%

**Meaningful Use Objective Review**

Objective Number	Objective	Entered
	<p>Activities related to supporting providers with the performance of Certified EHR Technology:</p> <p>1. Do you and your organization acknowledge the requirement to cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received?</p> <p>2. Did you or your organization receive a request for an ONC direct review of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC direct review of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by you in the field.</p>	

Figure 0-7: Meaningful Use Measures Summary (Part 1 of 5)

Objective 0	<p>3. In addition, do you and your organization acknowledge the option to cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received?</p> <p>4. Did you or your organization receive a request to assist in ONC - ACB surveillance of your health information technology certified under the ONC Health IT Certification Program? If yes, did you and your organization cooperate in good faith with ONC-ACB surveillance of your health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of Certified EHR Technology, including by permitting timely access to such technology and demonstrating capabilities as implemented and used by you in the field?</p> <p>Actions related to supporting information exchange and the prevention of health information blocking:</p> <p>1. Did you or your organization knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of Certified EHR Technology?</p> <p>2. Did you and your organization implement technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the Certified EHR Technology was, at all relevant times:</p> <p>(i) Connected in accordance with applicable law;</p> <p>(ii) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170;</p> <p>(iii) Implemented in a manner that allowed for timely access by patients to their electronic health information;</p> <p>(iv) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj (3)), including unaffiliated providers, and with disparate Certified EHR Technology and vendors.</p> <p>3. Did you and your organization respond in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor?</p>	<p>Activities related to supporting providers with the performance of Certified EHR Technology:</p> <p>Question 1 = Yes Question 2 = Yes Yes Question 3 = Yes Question 4 = Yes Yes</p> <p>Actions related to supporting information exchange and the prevention of health information blocking:</p> <p>Question 1 = Yes Question 2 = Yes Yes Yes Yes Question 3 = Yes</p>
Objective 1	Protect electronic protected health information (ePHI) created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical, administrative, and physical safeguards.	Measure = No
Objective 2	Generate and transmit permissible prescriptions electronically (eRx).	<p>Patient Records = All</p> <p>Exclusion 1 = No Exclusion 2 = No Numerator 1 = 100 Denominator 1 = 200 Percentage = 50%</p>
Objective 3	Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.	<p>Measure 1 = No</p> <p>Measure 2 Exclusion = No Measure 2 = No</p>
Objective 4	Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.	<p>Patient Records = All</p> <p>Measure 1 Exclusion 1 = Excluded</p> <p>Measure 2 Exclusion 2 = Excluded</p> <p>Measure 3 Exclusion 3 = Excluded</p>
Objective 5	The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.	Exclusion 1 = Excluded

Figure 0-8: Meaningful Use Measures Summary continued (Part 2 of 5)

Objective 6	Use Certified EHR Technology to engage with patients or their authorized representatives about the patient's care. Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.	Exclusion 1 = Excluded
Objective 7	The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of Certified EHR Technology. Provider must attest to the measure (s) listed below.	Exclusion 1 = Excluded Exclusion 2 = Excluded Exclusion 3 = Excluded

Required Public Health Objective Review		
Objective Number	Objective	Entered
Objective 8 Option 1	The EP is in active engagement with an immunization registry or immunization information systems to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 1 = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No
Objective 8 Option 2	The EP is in active engagement with a syndromic surveillance registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 2 = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No
Objective 8 Option 3	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 3 = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No
Objective 8 Option 4A	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 4A = Yes Registry Name = Public Health 1 Active Engagement Option = Production
Objective 8 Option 4B	The EP is in active engagement with a public health agency to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 4B = Yes Registry Name = Public Health 2 Active Engagement Option = Production
Objective 8 Option 5A	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 5A = Yes Registry Name = Clinical Data 1 Active Engagement Option = Production
Objective 8 Option 5B	The EP is in active engagement with a clinical data registry to submit electronic public health data in a meaningful way using Certified EHR Technology, except where prohibited, and in accordance with applicable law and practice.	Objective 8 Option 5B = No Exclusion 1 = Excluded Exclusion 2 = No Exclusion 3 = No

Figure 0-9: Meaningful Use Measures Summary continued (Part 3 of 5)

Meaningful Use Clinical Quality Measure Review			
Outcome Clinical Quality Measures			
NQF	Measure Code	Title	Entered
0018	CMS165 v7.3.000	Controlling High Blood Pressure	Numerator = 100 Denominator = 200 Performance Rate (%) = 10.0 Exclusion = 10
High Priority Clinical Quality Measures			
NQF	Measure Code	Title	Entered
0004	CMS137 v7.2.000	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Stratum 1 Numerator 1 = 10 Denominator 1 = 20 Performance Rate 1 (%) = 10.0 Exclusion 1 = 1  Numerator 2 = 10 Denominator 2 = 20 Performance Rate 2 (%) = 10.0 Exclusion 2 = 1  Stratum 2 Numerator 3 = 10 Denominator 3 = 20 Performance Rate 3 (%) = 10.0 Exclusion 3 = 1  Numerator 4 = 10 Denominator 4 = 20 Performance Rate 4 (%) = 10.0 Exclusion 4 = 1  Stratum 3 Numerator 5 = 10 Denominator 5 = 20 Performance Rate 5 (%) = 10.0 Exclusion 5 = 1  Numerator 6 = 10 Denominator 6 = 20 Performance Rate 6 (%) = 10.0 Exclusion 6 = 1
Other Clinical Quality Measures			
NQF	Measure Code	Title	Entered
0038	CMS117 v7.2.000	Childhood Immunization Status	Numerator = 10 Denominator = 20 Performance Rate (%) = 10.0 Exclusion = 1
0032	CMS124 v7.2.000	Cervical Cancer Screening	Numerator = 10 Denominator = 20 Performance Rate (%) = 10.0 Exclusion = 1
0034	CMS130 v7.2.000	Colorectal Cancer Screening	Numerator = 10 Denominator = 20 Performance Rate (%) = 10.0 Exclusion = 1

Figure 0-10: Meaningful Use Measures Summary continued (Part 4 of 5)



0028	CMS138 v7.1.000	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	<p>Population 1 Numerator 1 = 10 Denominator 1 = 20 Performance Rate 1 (%) = 10.0 Exception 1 = 1</p> <p>Population 2 Numerator 2 = 10 Denominator 2 = 20 Performance Rate 2 (%) = 10.0 Exception 2 = 1</p> <p>Population 3 Numerator 3 = 10 Denominator 3 = 20 Performance Rate 3 (%) = 10.0 Exception 3 = 1</p>
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Previous **Save & Continue**

Figure 0-11: Meaningful Use Measures Summary continued (Part 5 of 5)

## Attestation Phase (Part 3 of 3)

Part 3 of 3 of the Attestation Phase contains a question regarding assignment of your incentive payment and confirmation of the address to which the incentive payment will be sent.

Click the **Yes** radio button to confirm you are receiving this payment as the payee indicated or you are assigning this payment voluntarily to the payee and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.

Click the **Payment Address** radio button from the list below to be used for your Incentive Payment.

Click **Save & Continue** to review your selection, click **Previous** to go back, or click **Reset** to restore this panel to the starting point or last saved data.

Name  
Personal TIN/SSN  
Payment Year

Applicant NPI  
Payee TIN  
Program Year

Get Started
R&A/Contact Info
Eligibility
Patient Volumes
Attestation
Review
Submit

### Attestation Phase (Part 3 of 3)

Please answer the following questions so that we can determine your eligibility for the program.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back. Click **Reset** to restore this panel to the starting point.

(\*) Red asterisk indicates a required field.

\* Based on the information received from the R&A, you requested to assign your incentive payment to the entity above (Payee TIN). Please confirm that you are receiving that payment as the payee indicated above or you are assigning this payment voluntarily to the payee above and that you have a contractual relationship that allows the assigned employer or entity to bill for your services.

☐ Yes
☐ No


**NOTE: If you wish to assign your payment and did not indicate this when you applied to the R&A then you must return to the R&A to correct this information.**


Previous
Reset
Save & Continue

This screen confirms you successfully completed the Attestation section.

**Note** the check box in the Attestation tab.

Click **Continue** to proceed to the **Review** tab.

Name	Applicant NPI
Personal TIN/SSN	Payee TIN
Payment Year	Program Year
Get Started	R&A/Contact Info <input checked="" type="checkbox"/>
Eligibility <input checked="" type="checkbox"/>	Patient Volumes <input checked="" type="checkbox"/>
Attestation <input checked="" type="checkbox"/>	Review
Submit 	



You have now completed the **Attestation** section of the application.

You may revisit this section any time to make corrections until such time as you actually **Submit** the application.

The **Submit** section of the application is now available.

Before submitting the application, please **Review** the information you have provided in this section, and all previous sections.